

Name  
in  
Full

Hannah Moody

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rowlandville</i>		Town <i>Rowlandville</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>9</i>	Age <i>Unknown</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cecil Co</i>				
Occupation <i>housewife</i>	Where Residing if not at place of death <i>Rowlandville Md</i>						
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Joseph Braddy</i>						
Father's Name <i>Chas Smith</i>	Father's Birthplace <i>Cecil Co Md</i>						
Mother's Maiden Name <i>Phellen Harris</i>	Mother's Birthplace <i>Cecil Co</i>						
Name of person giving information <i>Samuel Rice</i>	How related to deceased <i>Don't Know</i>						

## CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary <i>Acute Myocarditis</i>	How long <i>2 weeks</i>
Immediate <i>Gradual Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. Rowland</i>
	Address <i>Liberty Grove Md</i>
Accident or Suicide?	

Met at 12

Name  
in  
Full

Frances C Boyd

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Perryville* Town *Cecil* County **MARYLAND**Date of death 190 *8* / *Oct* - *27* Month Day Age *31* Years Months DaysSex *Female* Color or Race *White* Birth-place *Cecil Co*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Geo Boyd*Father's Name *Alexander Craig* Father's Birthplace *Cecil Co*Mother's Maiden Name *Rebecca Cooling* Mother's Birthplace " "Name of person giving Information *Geo Boyd* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Scarlet Fever* How long *3 days*

Immediata

Are the name, age, sex, color, date and place correctly given above?

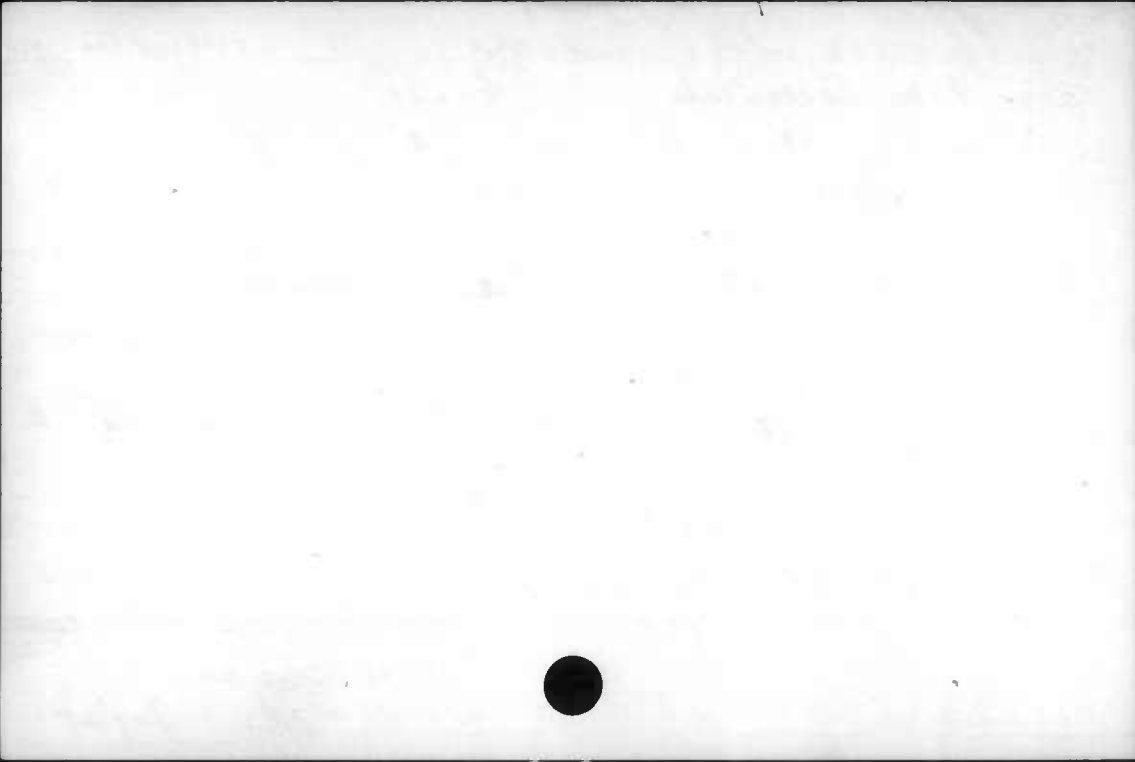
Signature of Physician

Address

*Wm H. Henry*  
*Perryville Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie M. Cain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near *Earleville* <sup>County</sup> *Becl* **MARYLAND**

Date of death *1908* Month *10* Day *27* Age *70* Years Months *X* Days *1*

Sex *Female* Color or Race *Negro* Birth-place *Ind*

Occupation *Servant* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Isaac Cain*

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving Information *Isaac Cain* How related to deceased *Husband*

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary *Dropsy* How long *one Year*

Immediate *Heart. Trouble* How long *1 or 2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *No Dr in attendance*

Address *J H Black.*

Accident or Suicide *Sub Regist.*

0-70-10-16

Name  
in  
Full

William H. Coulson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> North East<sup>County</sup> Cecil

MARYLAND

Date  
of death 1908<sup>Month</sup> Oct<sup>Day</sup> 14<sup>Age</sup> Years<sup>Months</sup> 2<sup>Days</sup> 14

Sex Male

Color or Race white

Birth-place North East Md

Occupation None (Infant)

Where Residing if not  
at place of death

North East Md

Married Single  
or Widowed SingleName of Wife or  
Husband None

Father's Name Eli Coulson Jr

Father's Birthplace Cecil Co Md

Mother's Maiden Name Jennie M Rambo

Mother's Birthplace North East Md

Name of person giving  
Information Eli Coulson JrHow related  
to deceased Father

## CAUSES OF DEATH

Primary Insanition

How long 2 weeks

Immediate

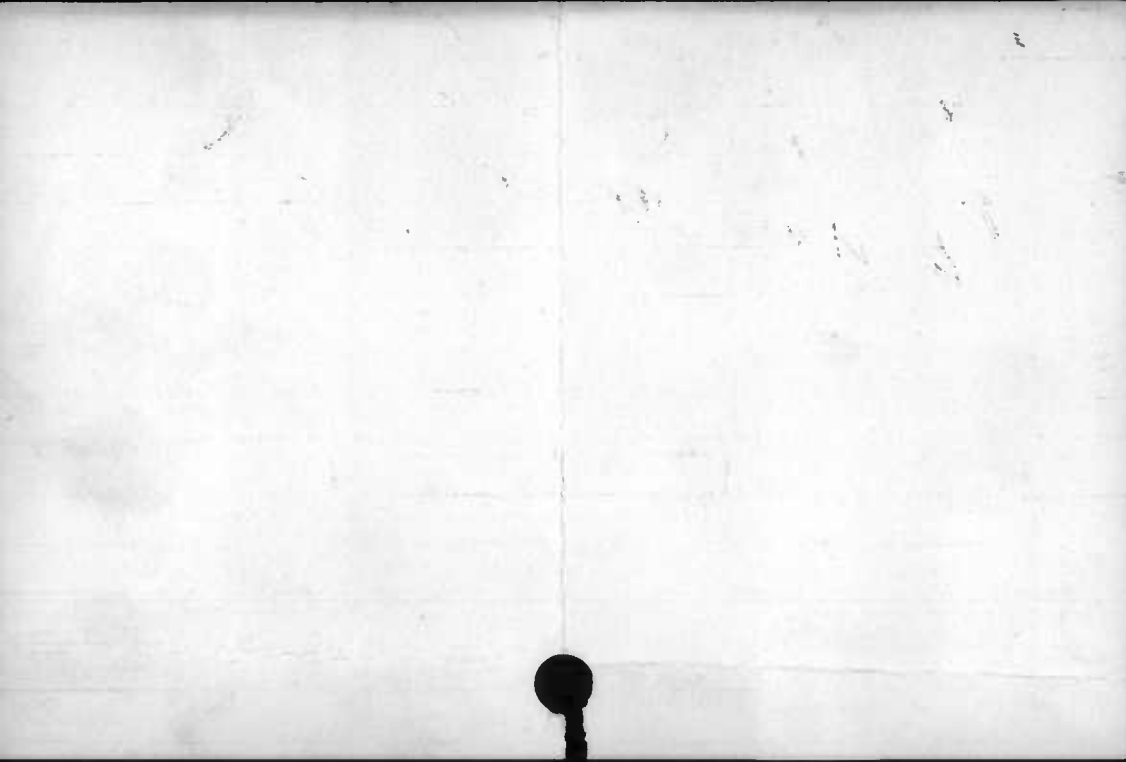
Are the name, age, sex, color, date  
and place correctly given above? Yes

Signature of Physician B. H. Accumbent

Address N. East

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

# Elizabeth Groves Courtelle

CERTIFICATE OF DEATH

Died at Easton Town Geary County MARYLAND

Date of death 1908 Month Oct Day 5 Age 64 Years Months Days

Sex Female Color or Race White Birth-place Mich

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Albert Courtelle

Father's Name John Groves Father's Birthplace Mich

Mother's Maiden Name Elizabeth Black Mother's Birthplace Del

Name of person giving Information Albert Courtelle How related to deceased Son

## CAUSES OF DEATH

Primary Pericarditis Auricular How long a year or more

Immediate hemorrhage How long few days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John H. James

Address Easton

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Gerris R. Crouch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> North East <sup>County</sup> Cecil MARYLANDDate of death 1908 <sup>Month</sup> Oct <sup>Day</sup> 17 <sup>Years</sup> Age 27 <sup>Months</sup> 1 <sup>Days</sup> 17Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> MarylandOccupation Housewife <sup>Where Residing if not at place of death</sup> North East IndMarried, Single or Widowed Married <sup>Name of Wife or Husband</sup> L. Lister CrouchFather's Name William Phillips <sup>Father's Birthplace</sup> MdMother's Maiden Name Mary B. Phillips <sup>Mother's Birthplace</sup> MdName of person giving Information H. J. McEwen <sup>How related to deceased</sup> Brother-in-law

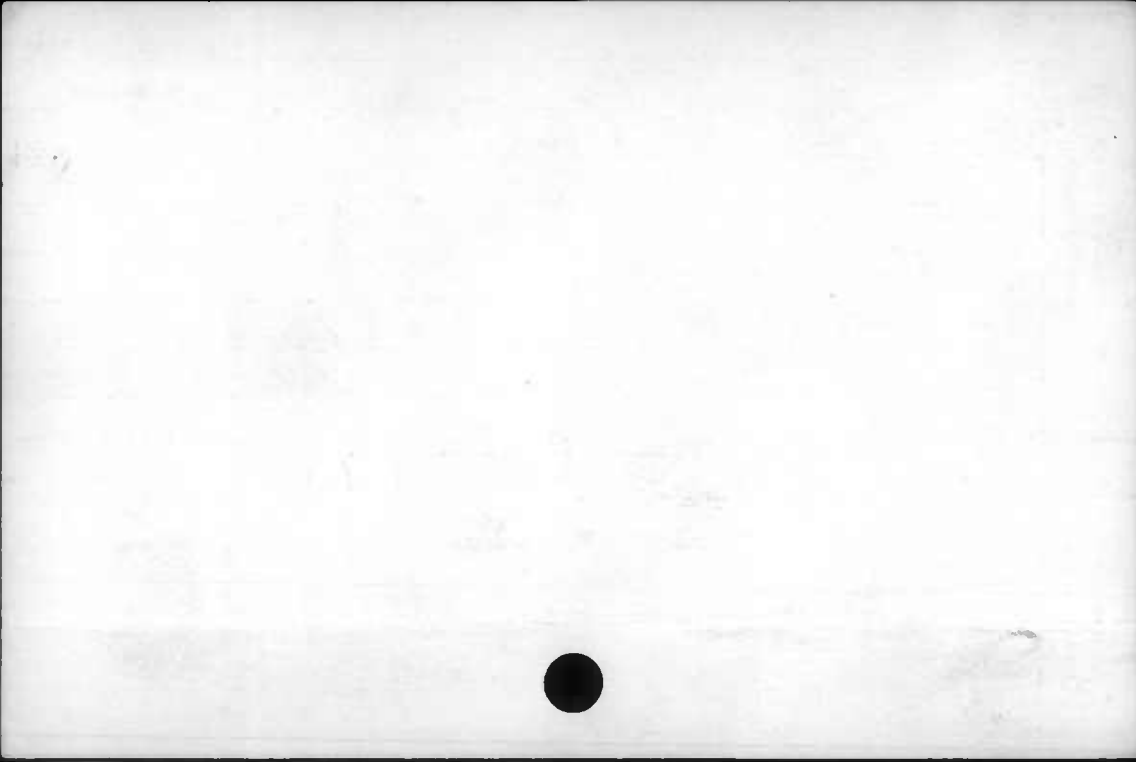
## CAUSES OF DEATH

1

Primary Typhoid Fever <sup>How long</sup> 2 weeksImmediate Dilatation of heart <sup>How long</sup> ImmediateAre the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> L. J. Hammock<sup>Address</sup> North East Md

Accident or Suicide

6 PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		April	25	91			
Sex	Female	Color or Race		White		Birthplace	
Occupation	Housewife		Where Residing if not at place of death		Charles Town		
Married, Single or Widowed	Married		Name of Wife or Husband		Joseph Diamond		
Father's Name	John Stone		Father's Birthplace		Massachusetts		
Mother's Maiden Name	Elmer Barber		Mother's Birthplace		Maryland		
Name of person giving Information		N. H. Diamond		How related to deceased		Son	

## CAUSES OF DEATH

64

Primary

Apoplexy

How long

one week

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

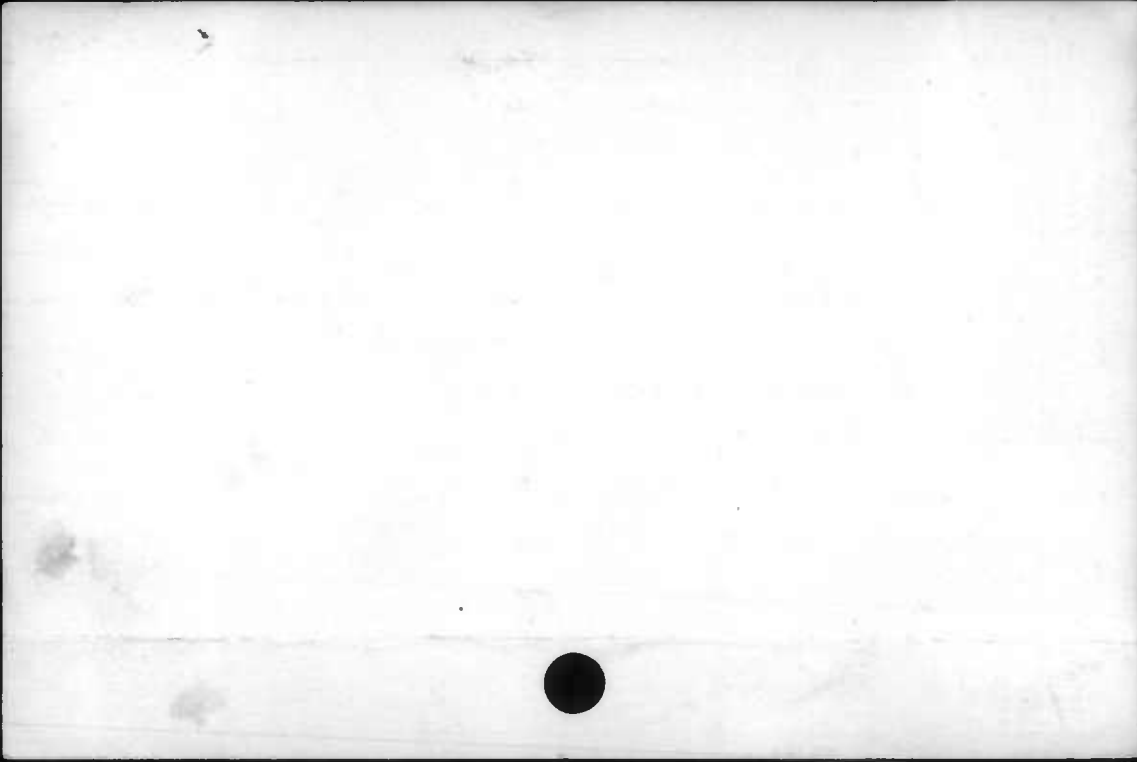
Signature of Physician

Address

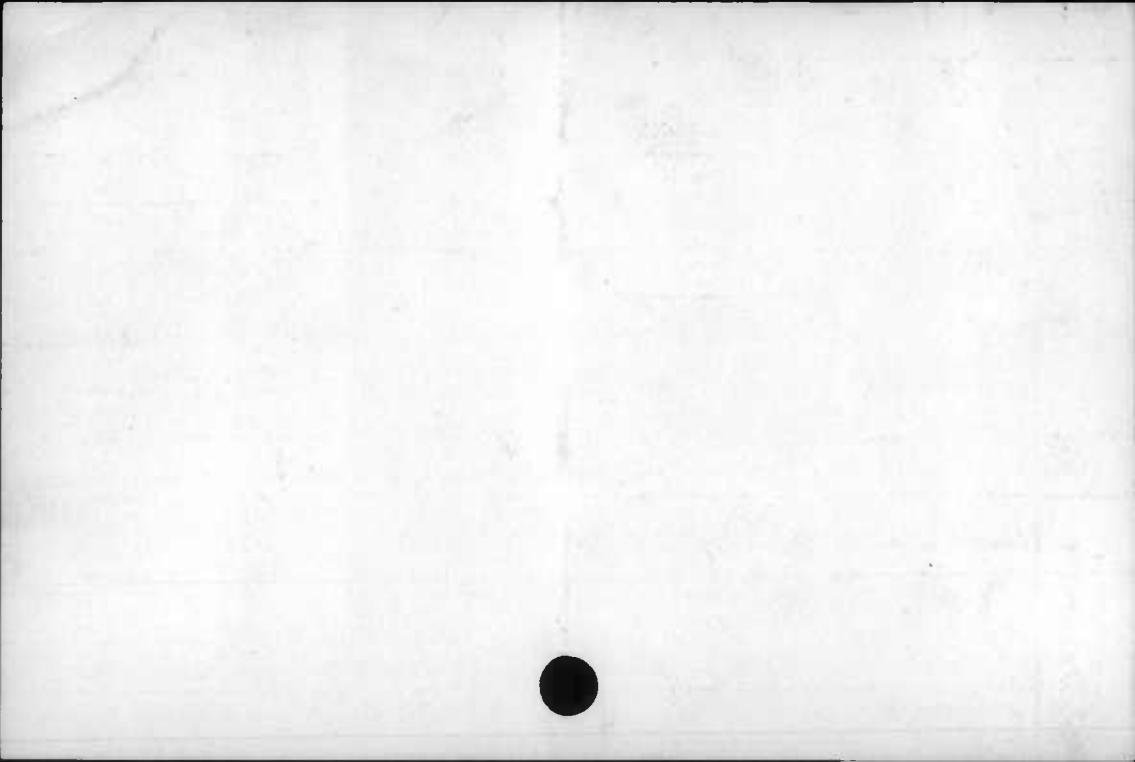
B. S. Sweeney  
N. E. S.  
M.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full		Cura B. Etherington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	near Cecil			Cecil			
	Date of death	1908	Month	10th	Day	1st	Age
					Years	29	
					Months		Days
	Sex	Feminine		Color or Race	White		Birth-place
	Cecil Co. Md.						
Occupation		Invalid		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		William T. Etherington				Father's Birthplace	
Mother's Maiden Name		Louisa J. Russell				Mother's Birthplace	
Name of person giving information		Mary E. Etherington				How related to deceased	
		Sister					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tubercular Pneumonia				How long
							8 months
	Immediate		Surgical Operations				How long
							8 weeks
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. H. Bradford		
		Address		Cecil Co. Md.			
Accident or Suicide?							





Name  
in  
Full

Mary E Fletcher

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> near <i>Principio</i>		<sup>County</sup> <i>Cecil</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>45</i>	Months <i>1</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Milton D Fletcher</i>				
Father's Name <i>William Kirk</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Esther E Buckley</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Milton D Fletcher</i>	How related to deceased <i>Husband</i>				

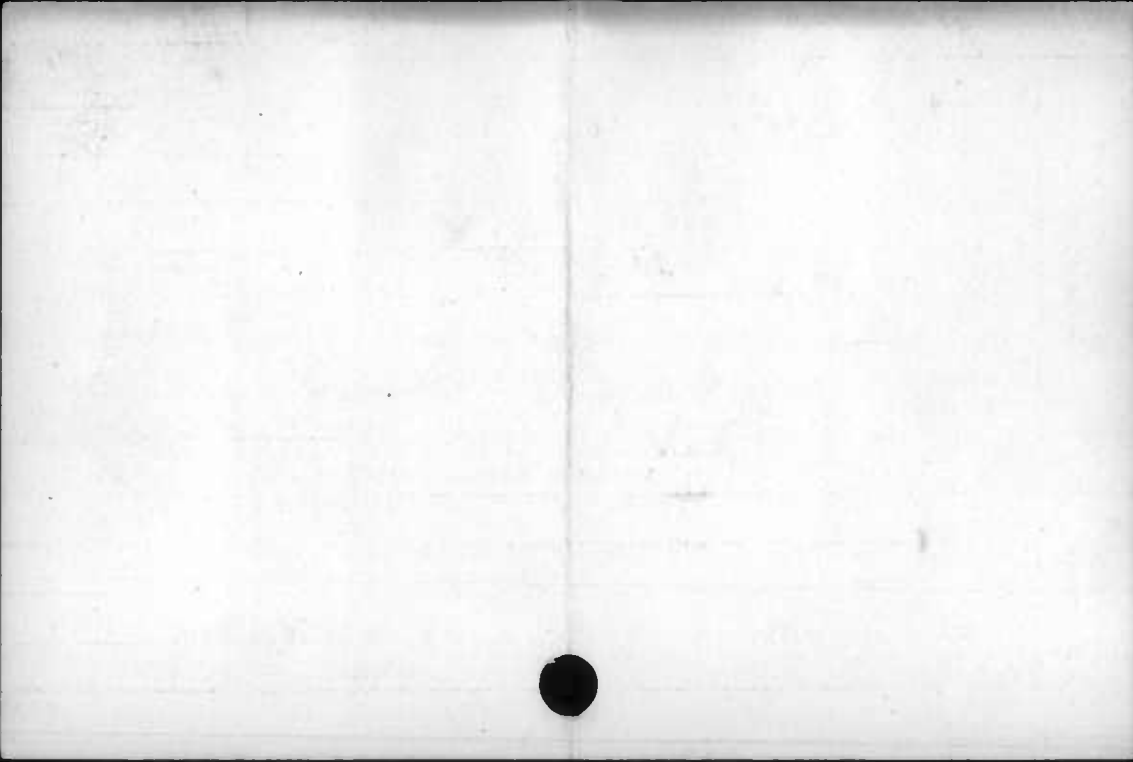
TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

120

Primary <i>Albuminuria</i>	How long <i>4 mo.</i>
Immediate <i>&amp; anæmia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Coleman</i>
	Address <i>Princy Spring</i>
Accident or Suicide?	<i>me</i>

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Gamble  
Cherry Hill Town Lees County

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1908 Month 10 Day 2 Age about 82 Years Months Days

Sex Male Color or Race White Birth-place Md

Occupation Mill-wright Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Gamble

Father's Birthplace Md

Mother's Maiden Name unknown

Mother's Birthplace unknown

Name of person giving information

How related to deceased

CAUSES OF DEATH

120

Primary Chronic Nephritis How long 6 mos.

Immediate Cordia Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. P. Carries M D

Cherry Hill

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ruth E Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Perryville		County Cecil		MARYLAND	
Date of death		Month 1908	Day Oct - 20	Age 1	Years 2	Months —	Days —
Sex Female		Color or Race White		Birth-place Elkton			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Wm Hall		Father's Birthplace Elkton					
Mother's Maiden Name Bessie Fidelity		Mother's Birthplace Harvde Grace					
Name of person giving Information Bessie Hall		How related to deceased Mother					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER  
6

Primary	Manuscript	How long	2 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. M. Thum	
		Address Perryville, Md	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Helgesen* Town *Aiken* County *Cal*Date of death 190 *8* Month *10* Day *7* Age *29* Years Months DaysSex *Male* Color or Race *White* Birth-place *Norway*Occupation *Sailor* Where Residing if not at place of death *Havre de Grace*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Warburg Helgesen*Father's Birthplace *Norway*Mother's Maiden Name *unknown*Mother's Birthplace *unknown*Name of person giving Information *Charles Helgesen*How related to deceased *Brother*

## CAUSES OF DEATH

172

Primary *Accidental Drowning*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

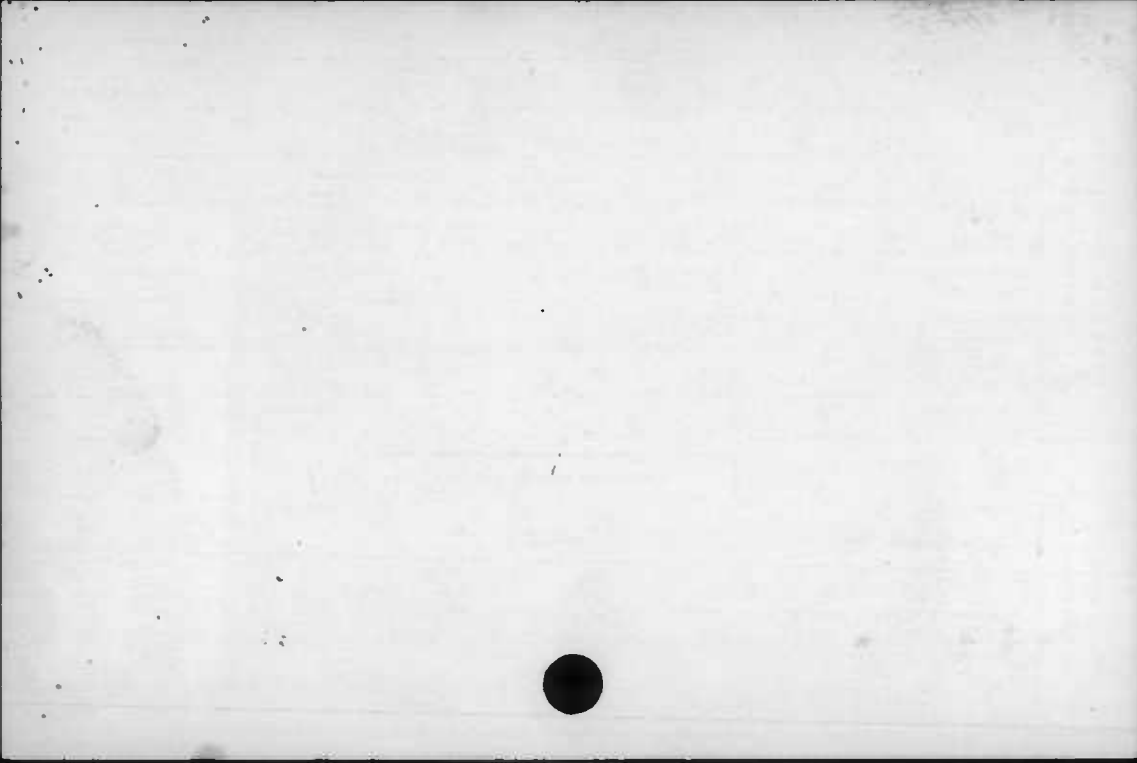
Signature of Physician

Address

*Francis Frazer Brown*  
*Easton Md*

Accident or Suicide

*Accident*PHYSICIAN  
OR CORONER





Name  
in  
Full

Rachel Herod

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>own</sup> <i>near Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct-</i>	Day <i>6</i>	Age <i>5-6</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Housekeeping</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>David J Herod</i>				
Father's Name <i>Herbert Preston</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving Information <i>Wm Herod</i>		How related to deceased <i>son</i>			

## CAUSES OF DEATH

40

Primary <i>Cancer of Stomach</i>	How long <i>3 months</i>
Immediate <i>Diphtheria</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Cannon</i>
	Address <i>Port Deposit Ind.</i>
Accident or Suicide <i>Ind.</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Frances E Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Principistown* <sup>County</sup> *Cecil* **MARYLAND**

Date of death *1908* <sup>Month</sup> *Oct-* <sup>Day</sup> *5-* <sup>Years</sup> *68* <sup>Months</sup> *3* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *Cecil Co*

Occupation *Housekeeping* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Elijah Jackson*

Father's Name *James Carter* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *—*

Name of person giving Information *Myrtle Dill* How related to deceased *Daughter*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary *Cancer of Liver* How long *4 months*

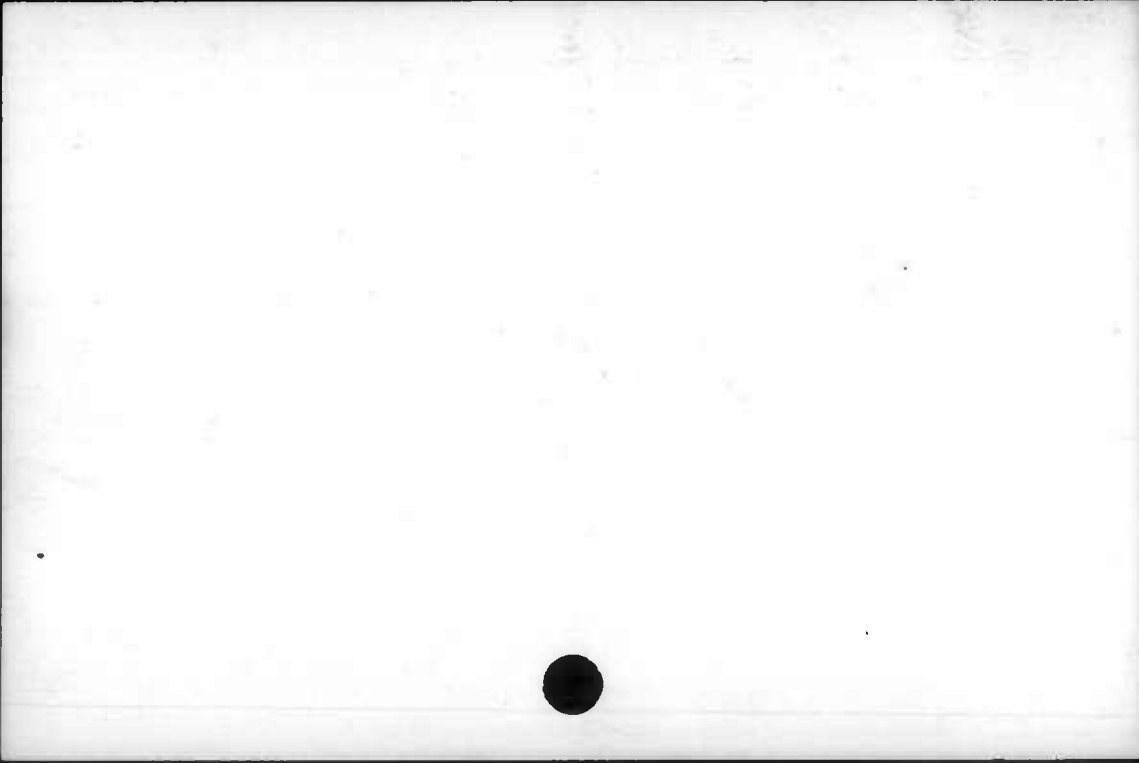
Immediate *—* How long *—*

Are the name, age, sex, color, data and place correctly given above? *—*

Signature of Physician *Geo M. Plummer*

Address *Perryville Md*

Accident or Suicide *—*



Name  
in  
Full

Mary V Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Elkton <sup>County</sup> Cecil MARYLANDDate of death 1908 <sup>Month</sup> Oct- <sup>Day</sup> 4 <sup>Age</sup> 42 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> MdOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> Amos LewisFather's Name James P Bolker <sup>Father's Birthplace</sup> DelMother's Maiden Name Mary Bryant <sup>Mother's Birthplace</sup> MdName of person giving Information Mrs Henry Lewis <sup>How related to deceased</sup> Sister

## CAUSES OF DEATH

79

Primary Aortic & Mitral insufficiency <sup>How long</sup> 10 yearsImmediate Heart failure <sup>How long</sup>

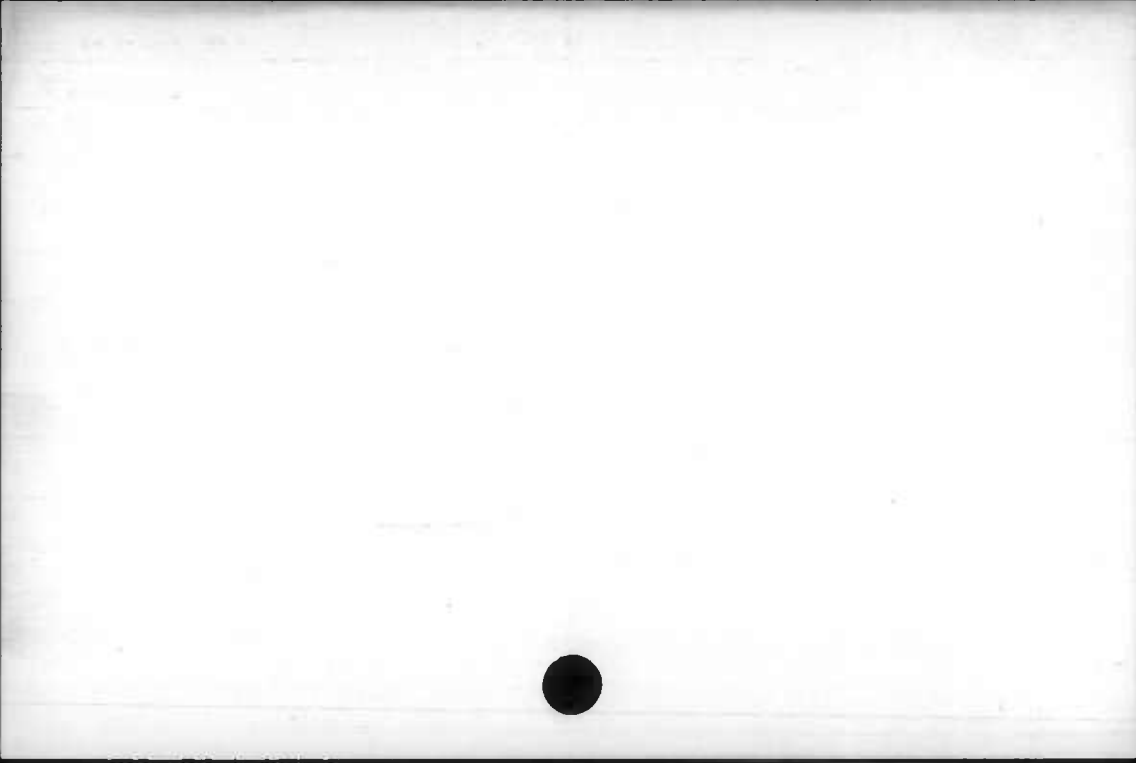
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Winfred T. Morrison

Address Elkton, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Marion M McMullen

## CERTIFICATE OF DEATH

Died at *Colona* Town*Sevier* County

MARYLAND

Date  
of death 1908Month  
*Oct-*Day  
*28*

Age

Years  
*24*Months  
*10*Days  
*19*

Sex

*Female*Color or  
Race*white*Birth-  
place*Sevier Co Md*

Occupation

*Housekeeper*Where Residing if not  
at place of death*at Home Colona*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Arthur McMullen*Father's  
Name*William M Sharples*Father's  
Birthplace*Pennsylvania*Mother's  
Maiden Name*Maggie M Maitland*Mother's  
Birthplace*in*Name of person giving  
In formation*Mrs Maggie Sharples*How related  
to deceased*Mother*

## CAUSES OF DEATH

27

Primary

*Acute Pulmonary Tuberculosis*

How long

*3 mo*

Immediate

*Exhaustion*

How long

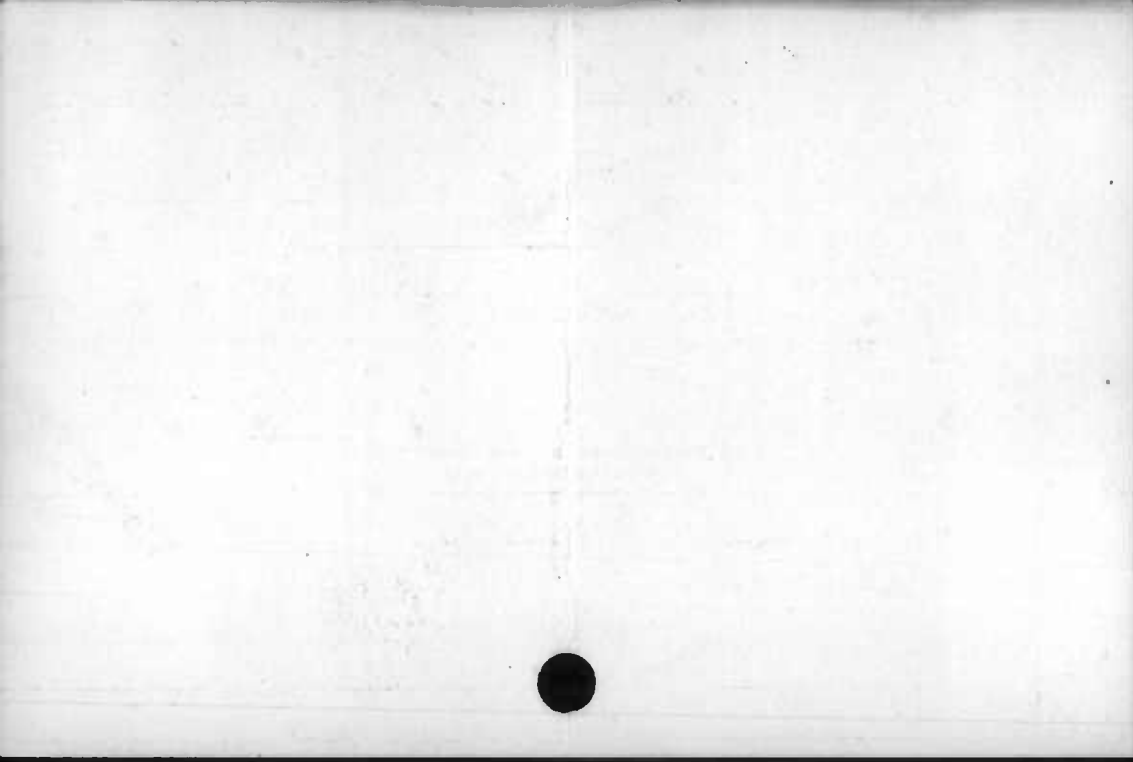
*1*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Ernest Howard*

Address

*Liberty Grove Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah A Magraw*

Town *Cherry Hill* County *Cecil*

Died at *near Cherry Hill*

MARYLAND

Date of death 190 *8* Month *10* Day *17* Age *74* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birthplace *Lombard Md*

Occupation *Housewife* Where Residing if not at place of death *Mr Kellys*

Married, Single or Widowed *Widow* Name of Wife or Husband *Emerson Magraw*

Father's Name *John Cuswell* Father's Birthplace *unknown*

Mother's Maiden Name *Sarah Cuswell* Mother's Birthplace *Lombard*

Names of person giving Information *Mrs Henry Henderson* How related to deceased *Daughter*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Heart Disease* How long *Some time*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank Fager Coroner*

Address *Esther Md*

Accident or Suicide

215-

Name  
in  
Full

Stanley L Mauldin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

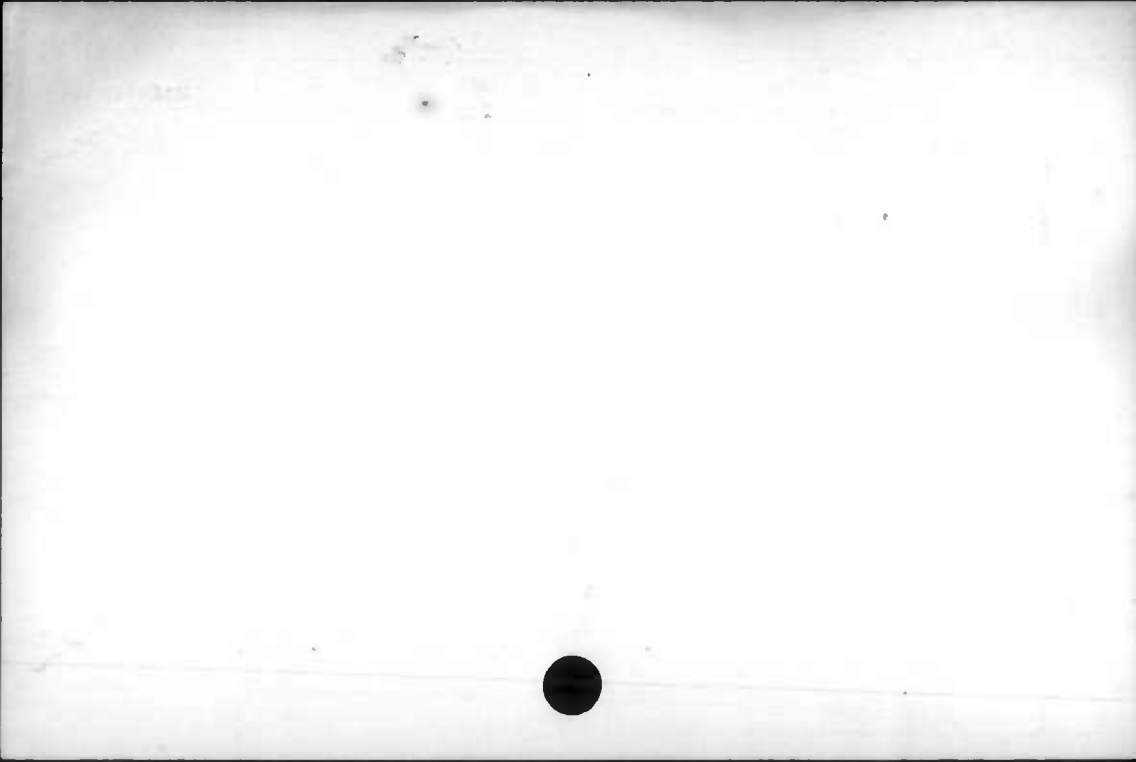
Died at <i>Perryville</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	<i>Oct</i>	Day	<i>18</i>
Age	<i>1</i>	Months	<i>4</i>	Years	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Perryville Md</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Clark Mauldin</i>			Father's Birthplace	<i>Cecil Co</i>
Mother's Maiden Name	<i>Maggie Layman</i>			Mother's Birthplace	<i>" "</i>
Name of person giving Information	<i>Clark Mauldin</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Dentition Pneumonia</i>	How long	<i>Weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. M. Sherry</i>	
		Address <i>Perryville Md</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

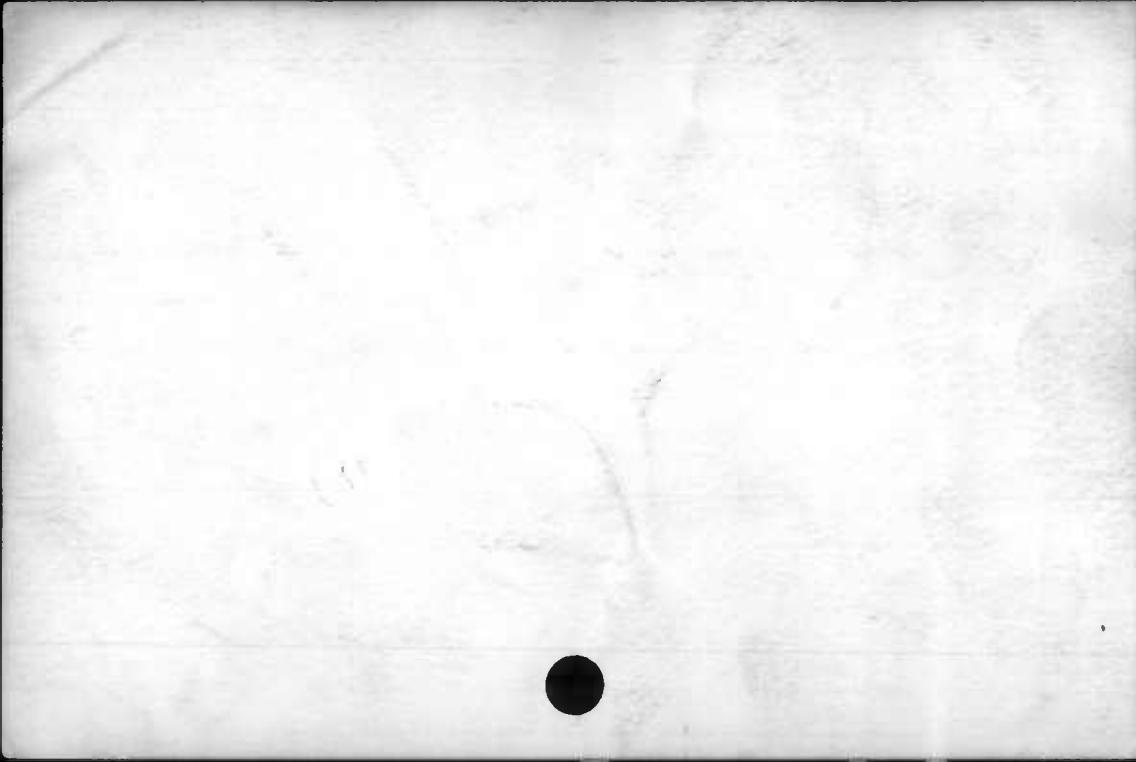
Died at <i>Port Deposit</i> <sup>Town</sup> <i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i> <sup>Month</sup> <i>Oct.</i> <sup>Day</sup> <i>18</i> <sup>Years</sup> <i>-</i> <sup>Months</sup> <i>6</i> <sup>Days</sup> <i>-</i>	Age <i>-</i>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Port Deposit</i>	
Occupation <i>home</i>	Where Residing if not at place of death <i>" "</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>home</i>		
Father's Name <i>C. Charles V. Murreau</i>	Father's Birthplace <i>Port Deposit, Md.</i>		
Mother's Maiden Name <i>Naomi Duggin</i>	Mother's Birthplace <i>Port Deposit, Md.</i>		
Name of person giving Information	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

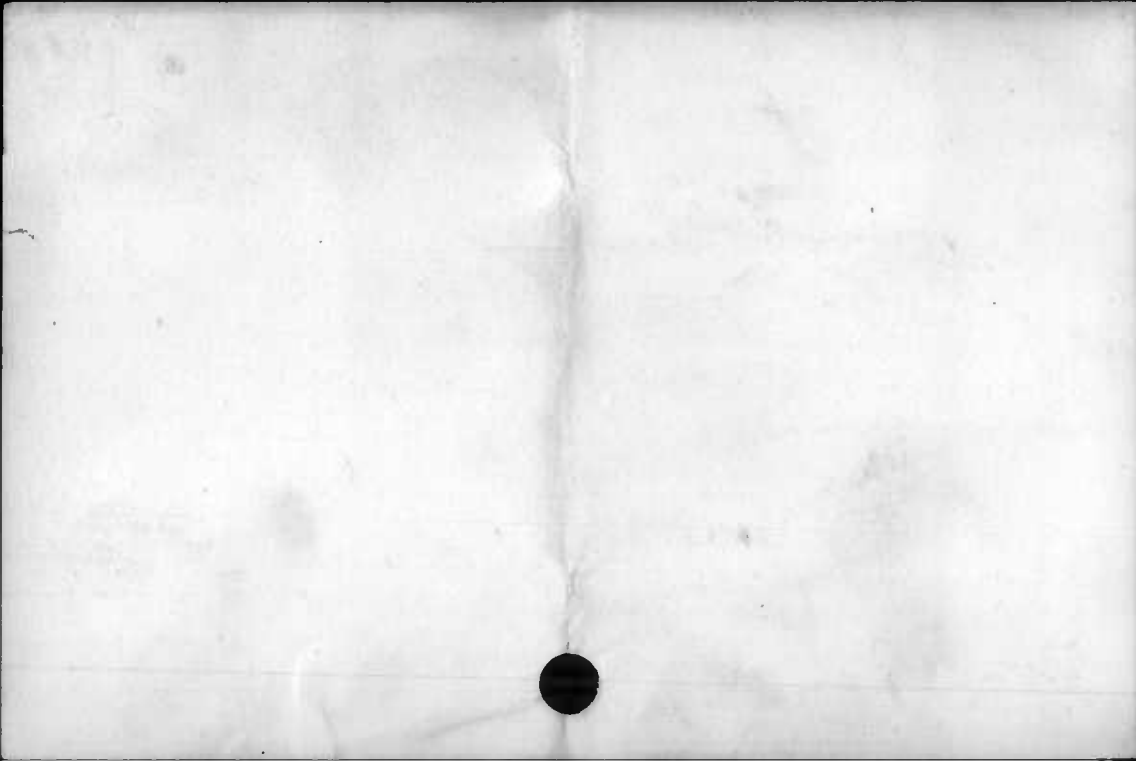
18

PHYSICIAN  
OR CORONER

Primary Immediate: <i>Blood Poison</i>	How long <i>3. weeks</i>
Primary Immediate: <i>Erysipelas, due to the prick of a pin.</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Jordan M.D.</i>
Disease began on lower part of body, and spread over abdomen and thighs.	Address <i>Liberty, Prince George's County, Maryland</i>
Accident or Suicide <i>and thighs.</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Harrocks</i>				<i>Level</i>		MARYLAND			
		Date of death <i>1908</i>		Month <i>Oct</i>	Day <i>8</i>	Age <i>85</i>	Years	Months <i>0</i>	Days <i>0</i>		
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Leaton Md.</i>					
		Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Harrocks Md.</i>					
		Married, Single or Widowed		Name of Wife or Husband <i>Augustine Savin</i>							
		Father's Name <i>Not Known</i>				Father's Birthplace <i>Not Known</i>					
		Mother's Maiden Name <i>Not Known</i>				Mother's Birthplace <i>Not Known</i>					
		Name of person giving information <i>Sarah Savin</i>				How related to deceased <i>Grand Daughter</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>General Paralysis</i>				How long <i>2 months</i>					
		Immediate <i>Asthma</i>				How long <i>Sometime</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. J. Hought</i>					
						Address <i>Harrocks Md.</i>					
		Accident or Suicide? <i>no</i>									





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah Malinda Lentman*

Town *Principio Terrace* County *Cecil* **MARYLAND**

Died at

Date of death *1908* Month *Oct-* Day *17* Age *39* Years Months *7* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *R L Lentman*

Father's Name *Charles Stricker* Father's Birthplace *Unknown*

Mother's Maiden Name *Elizabeth Stricker* Mother's Birthplace *"*

Name of person giving Information *R L Lentman* How related to deceased *Husband*

## CAUSES OF DEATH

155

PHYSICIAN  
OR CORONER

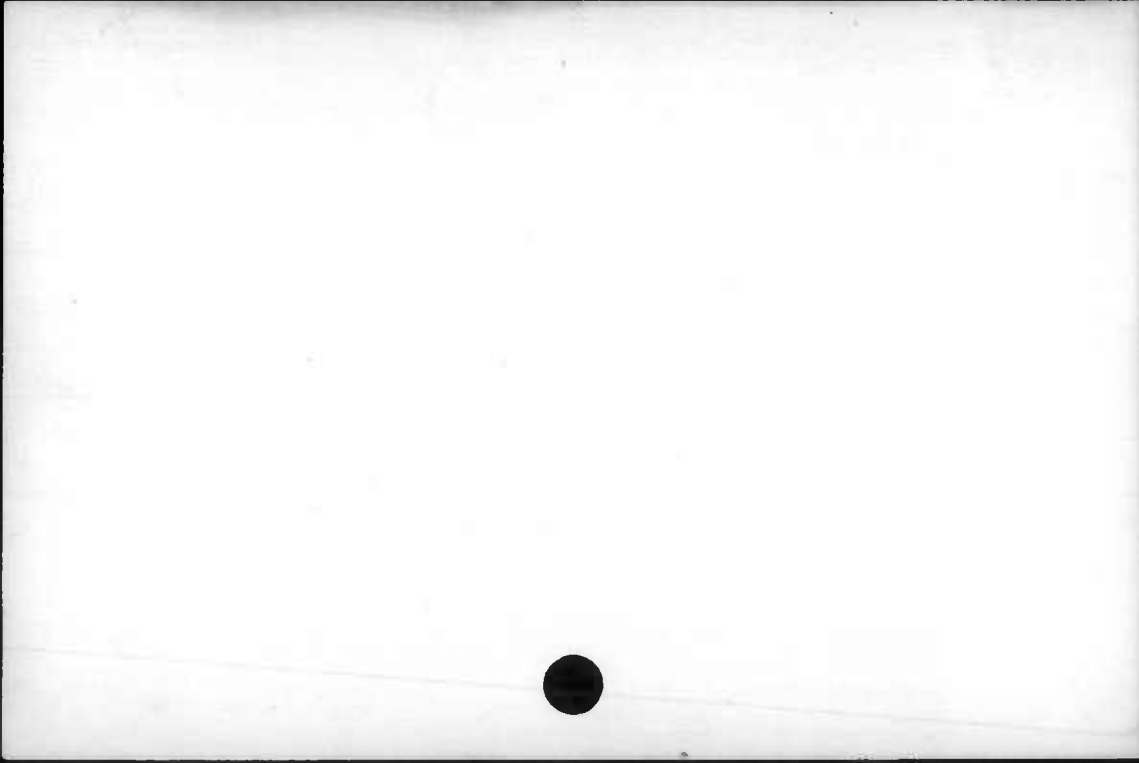
Primary *Cardiac Quies Perishing* How long *1 hr*

Immediate

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician *Dr. M. H. H. H.* Address *Ponyville, Md.*

Accident or Suicide *supposed to be suicide*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

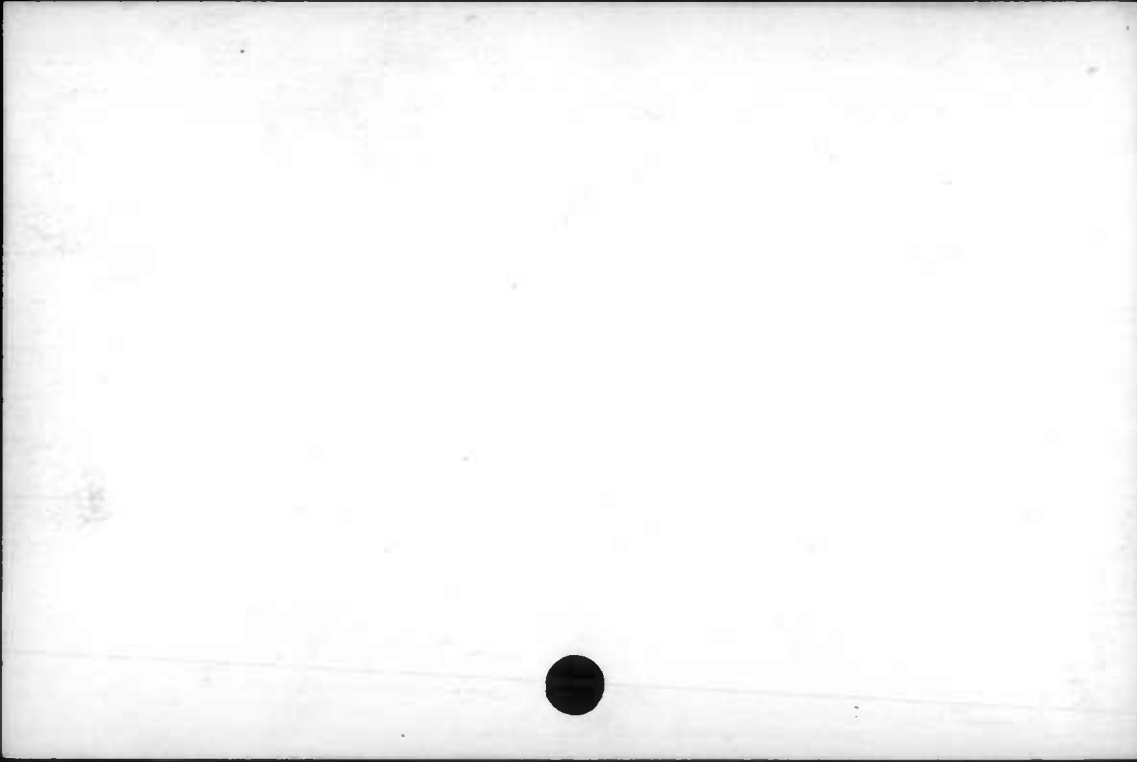
Died <i>John Sice</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Oct.</i>	Day <i>17</i>	Age <i>80</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>Labor</i>		Where Reiding if not at place of death <i>Port Deposit</i>					
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Sice</i>						
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>James Sice</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

**66**

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Hunt &amp; Fardine</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. D. Clummon</i>
	Address <i>Port Deposit Md.</i>
Accident or Suicide <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

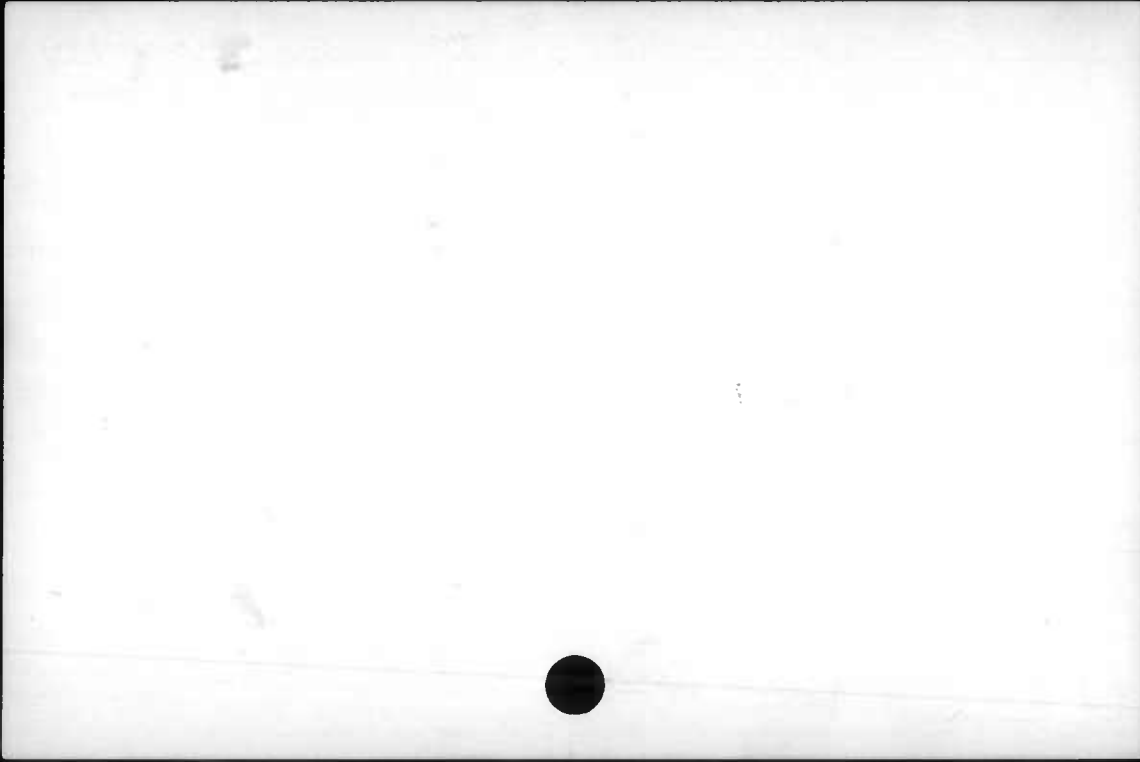
Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1908	Month	<i>Oct</i>	Day	3
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Perryville</i>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Insaneness</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

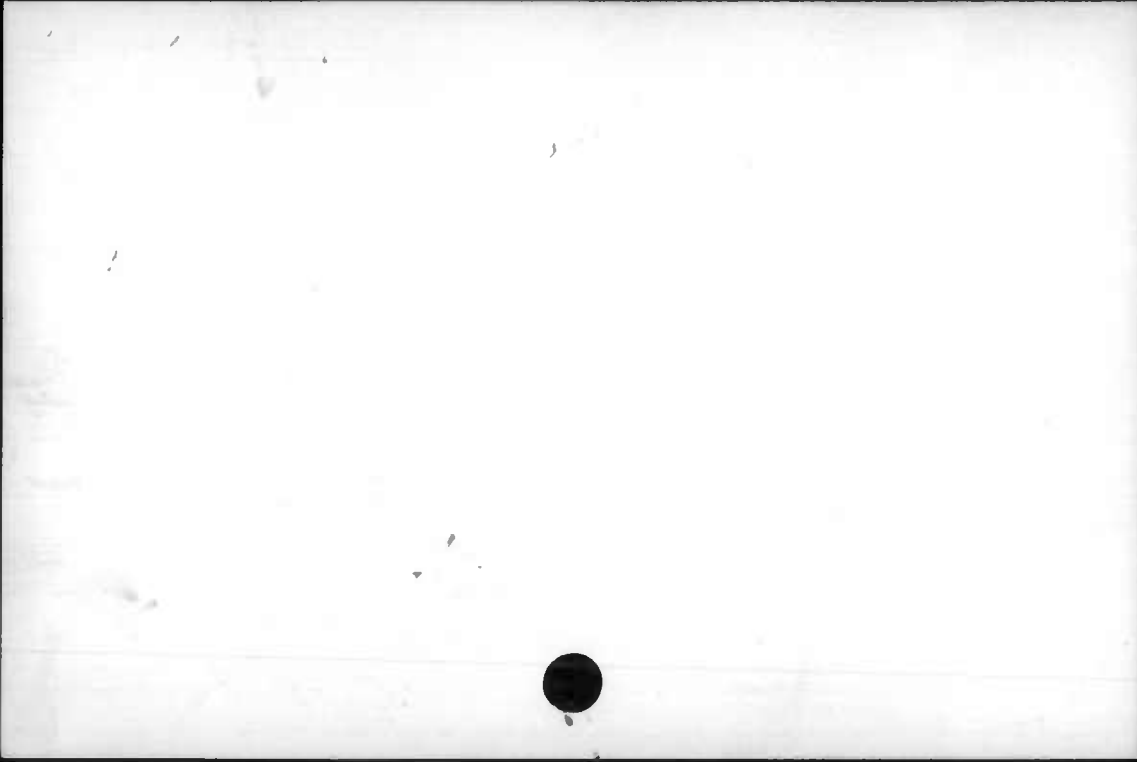
Died at		Town <i>Rock Springs</i>		County <i>Bevil</i>		MARYLAND	
Date of death		190	Month <i>8</i>	Day <i>18</i>	Age <i>47</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>James Sterrett</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Margaret McKenney</i>		Mother's Birthplace <i>Ind</i>					
Names of person giving Information		How related to deceased					

CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of womb</i>	How long <i>1 yr</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. A. Beeple M.D.</i>
		Address <i>Peters Creek Lancaster Co. Pa.</i>
Accident or Suicide		<i>(H. Anton Hitchcock Sec. and Treas. of the Association)</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

E Anthony Tildon

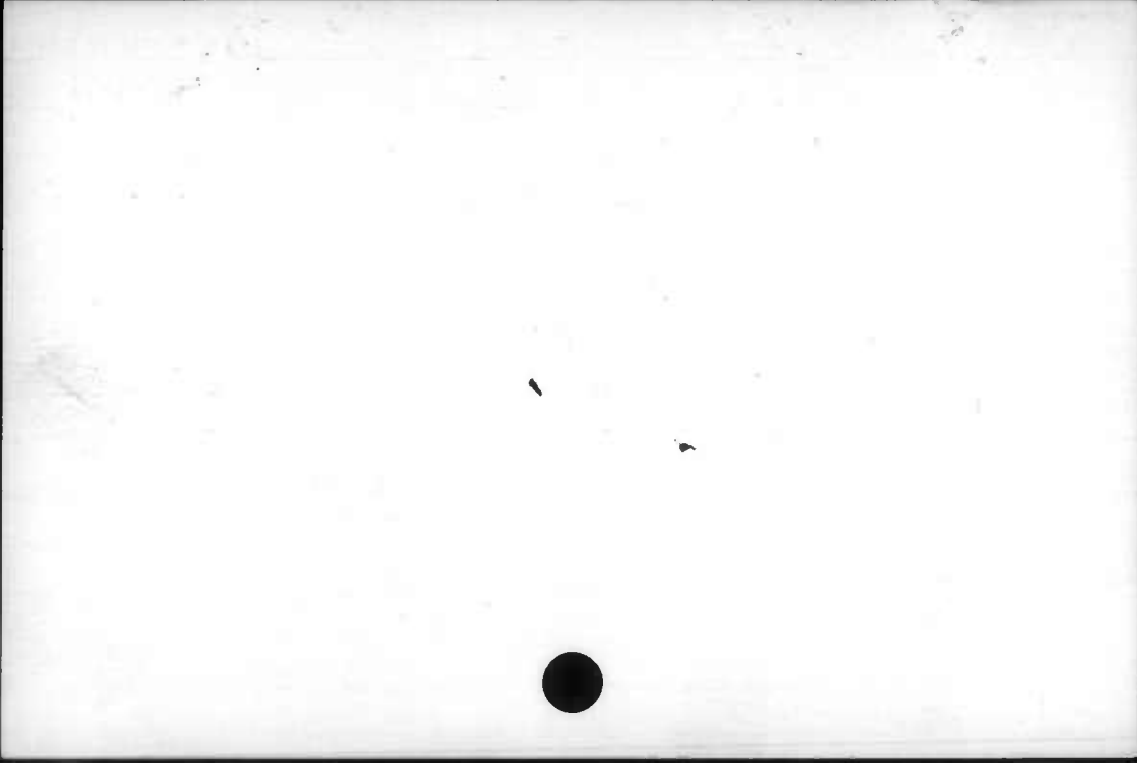
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Oct	2	Age 28			
Sex		Color or Race		Birth-place			
Male		Colored		Port Deposit			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Solomon Tildon		Cecil Co					
Mother's Maiden Name		Mother's Birthplace					
Charlotte Johnson		Baltimore					
Name of person giving Information		How related to deceased					
Ellen Thomas		Sister					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. E. Clemon
Yes		Address	Port Deposit
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Perryville		Cecil					
Date of death	1908	Month	Oct	Day	25	Age	4
Sex	Female	Color or Race	White	Birth-place	Perryville		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harry W Todd				Father's Birthplace	
Mother's Maiden Name		Maude Kinnaman				Mother's Birthplace	
Name of person giving Information		Maude Todd				How related to deceased	
						Mother	

## CAUSES OF DEATH

146

Primary	Mentis's abscess	How long	2 weeks
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

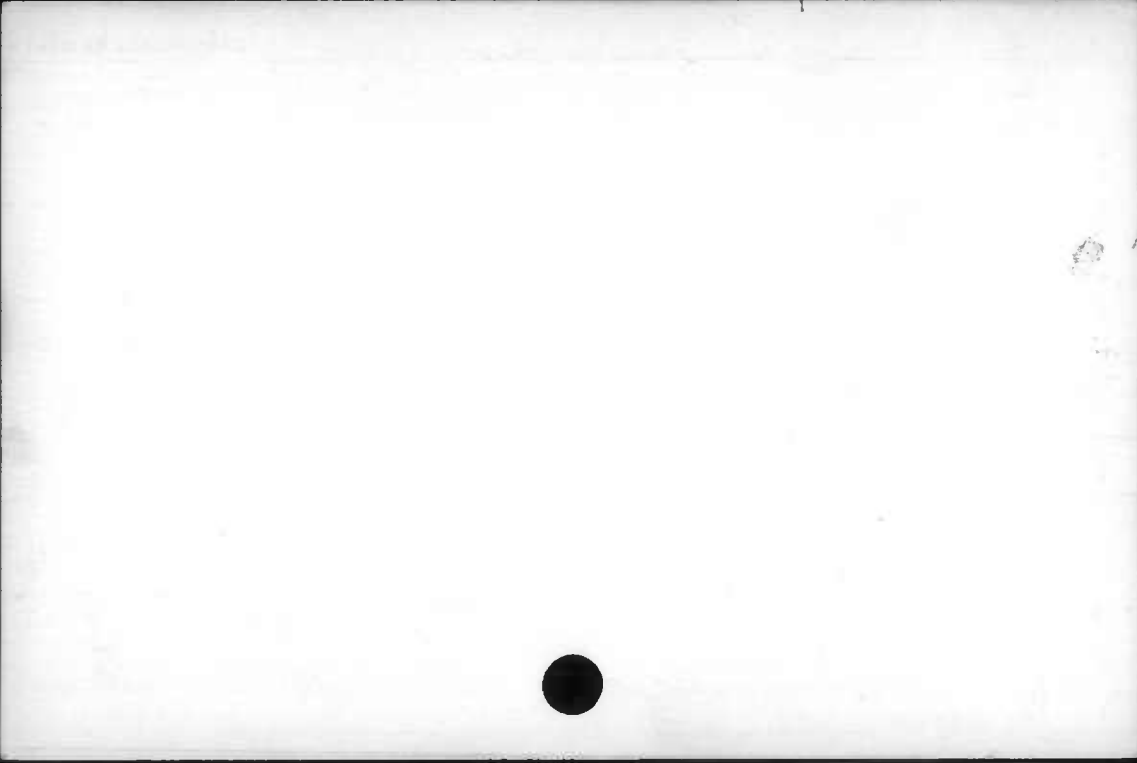
Signature of Physician

Address

Dr. W. H. Hump  
Perryville Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Hannah M. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

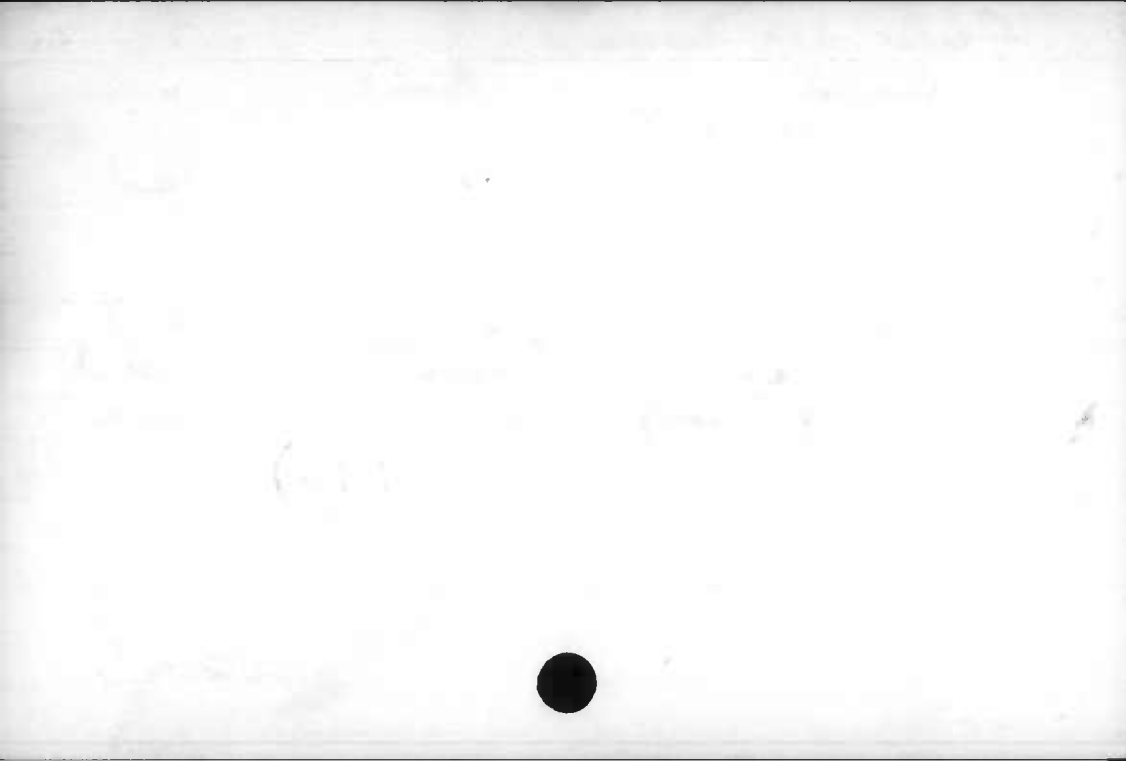
Died at <u>Ellettsville</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>10</u>	Day <u>27</u>	Age <u>73</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color of Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>Hom.</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>George Wilson</u>				
Father's Name <u>Oliver McCullough</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Elizabeth Seelman</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>Cyrus Wilson</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

92

Primary <u>Catarrhal Pneumonia</u>	How long <u>10 days</u>
Immediate <u><del>Asphyxia</del></u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Arthur Mitchell</u>
	Address <u>Ellettsville Ind.</u>
Accident or Suicide <u>No</u>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Child Not Named

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cecil</i> Town		<i>Neary</i> County		MARYLAND	
Date of death	1908	Month	10	Day	10
Age		Years		Months	2
Sex	male	Color or Race	negro	Birth-place	md
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Geo. B. Young</i>		Father's Birthplace	
Mother's Maiden Name		<i>Mary F. Thompson</i>		Mother's Birthplace	
Name of person giving information		<i>Geo. B. Young</i>		How related to deceased	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>marasmus</i>	How long	<i>Birth</i>
Immediate	<i>u</i>	How long	<i>u</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>E. H. Bradford</i>	
		Address	
		<i>Cecil</i>	
Accident or Suicide?			

